

5. No. 300
v. 10.48

58092

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41318
State File No. 45

FILED DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning, 0580</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Simpson Hosp</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna</u> b. (Middle) <u>rae</u> c. (Last) <u>Nickell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 2 52</u>					
5. SEX <u>fe</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 23, 1952</u>		
9. AGE (in years last birthday) _____		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 1 YEAR Days <u>9</u>		IF UNDER 1 YRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Missouri 10</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Blaine C. Nickell</u>			13b. MOTHER'S MAIDEN NAME <u>Hazel L. Chapman</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blaine C. Nickell</u> ADDRESS <u>Browning, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital debility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>WKS 8</u> <u>Birth</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7730</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>12-8, 1952</u> , to <u>12-9, 1952</u> , that I last saw the deceased alive on <u>12-7, 1952</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. Simpson Ed.</u>				23b. ADDRESS <u>Milan</u>		23c. DATE SIGNED <u>12-2-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locust Valley</u>		24d. LOCATION (City, town, or county) (State) <u>Browning, Rural Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-12-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u> ADDRESS <u>Browning, Mo.</u>				

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Gerald F. Wade

Licensed Embalmer No. *4172*

P. O. Address *Browning*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.